

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL # <div style="font-size: 1.2em; font-weight: bold;">09/554844</div>		FILING DATE		
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61			
2							62			
3							63			
4							64			
5							65			
6							66			
7							67			
8							68			
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37							97			
38							98			
39							99			
40							100			
41										
42										
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44										
45										
46										
47										
48										
49										
50										
TOTAL IND.	15		3				TOTAL IND.			
TOTAL DEP.			23				TOTAL DEP.			
TOTAL CLAIMS	16		26				TOTAL CLAIMS			